

12-20-01



| Please type a plus sign (+) | inside this box → + | Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE | | | | |
|---|--|---|---|---|---|-----|
| Under the Paperwork Redu | ction Act of 1995, no persons are required | _ | d to a collection of in | formation unless it disp | olays a valid OMB control numb | er. |
| (U | ITILITY | | y Docket No. | | 49.0120 | ` |
| PATENT | PATENT APPLICATION First In | | Inventor or Application Identifier Marcus B. Gohlke | | | |
| TRA | NSMITTAL | Title Compositions Comprising Beta Glucar | | | ing Beta Glucan | |
| - | nal applications under 37 C.F R. § 1.53(b)) | Expres | s Mail Label No. | EL905 | 5241365US | _/ |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231 | | | | |
| | mittal Form (e.g., PTO/SB/17) | | 5. Microf | iche Computer Prog | gram (Appendix) | |
| 2. V Specification | | ٦ ₁ | | and/or Amino Acid S e, all necessary) | equence Submission | |
| | e title of the Invention | | a. [| Computer Readab | le Copy | |
| 1 | erences to Related Applications | | ь. 🦳 | Paper Copy (identi | ical to computer copy) | |
| - Statement | Regarding Fed sponsored R & D | | | | , , , , , , | |
| | to Microfiche Appendix | | C. | Statement verifying | g identity of above copies | |
| | d of the Invention nary of the Invention | | ACCO | MPANYING APP | LICATION PARTS | |
| | ription of the Drawings (if filed) | | 7. Assigr | nment Papers (cove | r sheet & document(s)) | |
| - Detailed De | escription | | | F.R.§3.73(b) Statem • <i>there is an assigne</i> | | |
| - Claim(s) | | | | • | • | |
| | - Abstract of the Disclosure Information Disclosure Copies of ID | | | Copies of IDS | i | |
| 3. Drawing(s) (| (35 U.S.C. 113) [Total Sheets | | Stater | nent (IDS)/PTO-144 | 9 Citations | |
| 4. Oath or Declaratio | n [<i>Total Pages</i> |] | 11. Prelim | inary Amendment | | |
| a. 🗸 New | ly executed (original or copy) | | | n Receipt Postcard (Id be specifically ite | | |
| b. Cop | y from a prior application (37 C.F.R. | § 1.63(d) | ` | n = | , | : |
| | continuation/divisional with Box 16 complet | ea) | | | ement filed in prior applicati us still proper and desired | on, |
| i. L | Signed statement attached delet | | Certific | ed Copy of Priority D | | |
| | inventor(s) named in the prior appl see 37 C.F.R. §§ 1.63(d)(2) and 1. | - | (If fore | eign priority is claime | ed) | |
| * NOTE FOR ITEMS 1 & 1. | 3: IN ORDER TO BE ENTITLED TO PAY SMALL | ENTITY | 15. Other: | *************************************** | *************************************** | |
| IF ONE FILED IN A PRIOR | STATEMENT IS REQUIRED (37 C.F.R. § 1.27), I R APPLICATION IS RELIED UPON (37 C.F.R. § | XCEPT 1.28). | | *************************************** | *************************************** | i |
| 16. If a CONTINUING | G APPLICATION, check appropriate bo | x, and su | oply the requisite info | ormation below and in a | a preliminary amendment: | |
| Continuation | Divisional Continuation-in | n-part (Clf | of prior ap | • | J | |
| Prior application inf | DIVISIONAL APPS only: The entire disc | losure of | the prior application | Group / Art Unit: on, from which an oat | th or declaration is supplied | |
| under Box 4b, is consid | dered a part of the disclosure of the according to the according to the control of the control o | ompanyi | ng continuation or | divisional application | and is hereby incorporated | by |
| | | | ICE ADDRESS | | пания принамента | _ |
| | | | ······································ | | | |
| Customer Number or Bar Code Label (Insert Customer No: or Attach bar code label here) Correspondence address below | | | | | | |
| | · (mort obstance in | | , bur code ipoci ilia | <u> </u> | | |
| Name | | R Wil | liam Beard, | lr | | _ |
| | | | er Botts L.L. | | | |
| Address ——— | 910 Louisiana Street | | | | | |
| City | | ate | Texas | Zip Code | 77002-4995 | |
| Country | Telephor | ne | 713-229-1 | | 713-229-7876 | |
| Name (Print/Type) | R. William Beard, | .lr | | No. (Attorney/Agent) | 39,903 | |
| Signature | 13. William Beard, | Re | (/ | Date | 12/13/01 | |
| | | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

十

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

| (\$) | 700. | O |
|------|------|---|
| (Ψ/ | 100. | |

| Complete if Known | | | |
|----------------------|-------------------|--|--|
| Application Number | | | |
| Filing Date | December 13, 2001 | | |
| First Named Inventor | Marcus B. Gohlke | | |
| Examiner Name | | | |
| Group Art Unit | | | |
| Attornev Docket No. | 068349 0120 | | |

| METHOD OF PAYMENT | FEE CALCULATION (continued) | | | | | |
|--|--|---------|--|--|--|--|
| The Commissioner is hereby authorized to charge | 3. ADDITIONAL FEES | | | | | |
| indicated fees and credit any overpayments to: Deposit | Large Small | | | | | |
| Account Number | Entity Entity Fee | on Deid | | | | |
| Deposit | Code (\$) Code (\$) | ee Paid | | | | |
| Account Name | 105 130 205 65 Surcharge - late filing fee or oath | | | | | |
| Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17 | 127 50 227 25 Surcharge - late provisional filing fee or cover sheet | | | | | |
| Applicant claims small entity status. | 139 130 139 130 Non-English specification | | | | | |
| See 37 CFR 1 27 | 147 2,520 147 2,520 For filing a request for ex parte reexamination | | | | | |
| 2. Payment Enclosed: Credit card Money Other | 112 920* 112 920* Requesting publication of SIR prior to Examiner action | | | | | |
| FEE CALCULATION | 113 1,840* 113 1,840* Requesting publication of SIR after Examıner action | | | | | |
| 1. BASIC FILING FEE | 115 110 215 55 Extension for reply within first month | | | | | |
| Large Entity Small Entity | 116 390 216 195 Extension for reply within second month | | | | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid | 117 890 217 445 Extension for reply within third month | | | | | |
| 101 710 201 355 114/34/5/11-2 5-2 | 118 1,390 218 695 Extension for reply within fourth month | | | | | |
| 106 320 206 160 Design filling fee | 128 1,890 228 945 Extension for reply within fifth month | | | | | |
| 107 490 207 245 Plant filing fee | 119 310 219 155 Notice of Appeal | | | | | |
| 108 710 208 355 Reissue filing fee | 120 310 220 155 Filing a brief in support of an appeal | | | | | |
| 114 150 214 75 Provisional filing fee | 121 270 221 135 Request for oral hearing | | | | | |
| | 138 1,510 138 1,510 Petition to institute a public use proceeding | | | | | |
| SUBTOTAL (1) (\$) 370.00 | 140 110 240 55 Petition to revive - unavoidable | | | | | |
| 2. EXTRA CLAIM FEES | 141 1,240 241 620 Petition to revive - unintentional | | | | | |
| Extra Claims below Fee Paid | 142 1,240 242 620 Utility issue fee (or reissue) | | | | | |
| Total Claims $24 - 20^{**} = 4 \times 9.00 = 36.00$ | 143 440 243 220 Design issue fee | | | | | |
| Independent Claims $10 - 3^{**} = 7 \times 42.00 = 294.$ | 144 600 244 300 Plant issue fee | | | | | |
| Multiple Dependent | 122 130 122 130 Petitions to the Commissioner | | | | | |
| | 123 50 123 50 Processing fee under 37 CFR 1.17(q) | | | | | |
| Large Entity Small Entity Fee Fee Fee Fee Fee Description | 126 180 126 180 Submission of Information Disclosure Stmt | | | | | |
| Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 | 581 40 581 40 Recording each patent assignment per property (times number of properties) | 1 | | | | |
| 102 80 202 40 Independent claims in excess of 3 | 146 710 246 355 Filing a submission after final rejection | | | | | |
| 104 270 204 135 Multiple dependent claim, if not paid | (37 CFR § 1.129(a)) | | | | | |
| 109 80 209 40 ** Reissue independent claims over original patent | 149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b)) | | | | | |
| 110 18 210 9 ** Reissue claims in excess of 20 | 179 710 279 355 Request for Continued Examination (RCE) | | | | | |
| and over original patent | 169 900 169 900 Request for expedited examination of a design application | | | | | |
| SUBTOTAL (2) (\$) 330.00 | Other fee (specify) | | | | | |
| **or number previously paid, if greater, For Reissues, see above | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) -0- | | | | | |
| of number previously paid, if greater, For Keissues, see above | Todados of Europe Initial Control (3) | | | | | |

| SUBMITTED BY | | | | | Complete (if applicable) | |
|-------------------|-----------------------|--------------------------------------|--------|-----------|--------------------------|--|
| Name (Print/Type) | R. William Beard, Jr. | Registration No. (AttorneviAgent) | 39,903 | Telephone | 713-229-1176 | |
| Signature | William B | earel | | Date | December 13, 2001 | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.